

commonly soon begin to soften more, to slough and become gangrenous, as did the one in the first case I have related. My error then, I believe, was in delay. Possibly an earlier interference with the view of removing the mass, by the curette or otherwise, would have made no difference in the final result, but upon general principles of uterine surgery, it appears to be eminently proper to attack such tumors at once, to remove as much of the sloughing material as we can, and to employ disinfecting agents with the utmost freedom.

Following this method in these cases of submucous tumors, we shall, at least as far as lies in our power, remove the source of systemic poisoning.

The danger from hæmorrhage with such treatment is overstated, for if the necrotic mass be removed quickly you will soon reach healthy tissue, which will not bleed very freely, just as is the case with similar treatment of malignant disease.

Another objection has been made, that by the exposure of such a large freshened surface to the lochial discharges, the chances of septicæmia would be largely multiplied, but I cannot appreciate the justice of this criticism, for surely the lochia cannot be so infectious as the sloughing and gangrenous material of the tumor, and too, the employment of the intrauterine disinfectants, if they serve any good purpose, certainly will tend to render the lochia innocuous.

## Clinical Memorandum.

### A CASE OF HÆMATOMA OF THE PANCREAS: DEATH IN THREE DAYS.

BY R. W. AMIDON, A.M., M.D., OF NEW YORK.

IN a recent number of the JOURNAL (October 28, 1886), Dr. F. W. Draper narrates five cases of extreme interest, in which pancreatic hæmorrhage coincided with inexplicable sudden death. It may interest those who read his paper to learn of a case in which death was *not* sudden, but in which pancreatic hæmorrhage was the only noteworthy lesion found. The case occurred in my practice several years ago.

A laboring man had been in perfect health until 10, A. M., June 23d. At that hour he was seized with nausea, vomiting, and slight diarrhœa. That evening, attacks of severe pain and cramps in the abdomen and stomach set in, which increased in frequency and force until the next evening, when I first saw him. He was then suffering severely. Countenance pale and haggard, body emaciated, and skin cold. Vomited matter was greenish; later, blackish (did not contain any blood-corpuscles). Frequent cramps run from abdomen into arms, and down legs, causing great muscular rigidity, and making patient cry out with pain. There was intense thirst. The urine was slightly albuminous. The treatment consisted in the free hypodermic use of morphia.

June 25th. The condition was unchanged; no movement from the bowels had occurred. A hypodermic injection of ether (3iss) raised the temperature from 97.6° to 99° F.

The patient died rather unexpectedly June 26th.

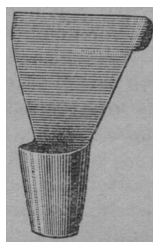
The pancreas was enlarged and hard. A hard, disk-shaped tumor, four centimeters in diameter, lay seemingly between the head of the pancreas and duodenum,

and adherent to both. It presented, on section, a hard, blackish surface. On more minute examination, the tumor was found to encroach upon the substance of the head of the pancreas. The microscope proved the tumor unquestionably a hæmatoma.

## New Instruments.

### A NEW EAR-SPECULUM.

BY E. D. SPEAR, M.D.



AN ear-speculum, designed by the writer, was presented to several of the aural surgeons of Boston a year or more ago, was noticed by an aurist of another city in his "Treatise upon Diseases of the Ear," and has been of such service, that a description of it is here offered, that its usefulness may be further extended. Made more especially for an operative instrument, it serves equally well as a demonstrating speculum, fulfilling the object for which aural specula are intended; namely, the straightening of the auditory canal, the turning aside of hairs, bits of cerumen, or epidermal scales, and the removal of obstructing parts of the auricle, as the tragus.

As it is easily retained in position by the elasticity of the cartilaginous canal, and does not, therefore, require holding, the surgeon is enabled by its use to perform the usual operations without the aid of an assistant.

In reality, the instrument consists simply of those portions of an ordinary speculum actually in use during an examination of an ear. It is a short, flattened funnel, with a triangular flange projecting from, and forming one of its sides.

It need only be stated, in directions for its use, that this flange should be placed anteriorly, where it will be found pushing aside the tragus to allow light to enter the canal.

It is manufactured by Tiemann & Co., of New York, and may be obtained of them, or through Messrs. Goldthwaite & Co., in Boston.

## Reports of Societies.

### SUFFOLK DISTRICT MEDICAL SOCIETY. SECTION OF OBSTETRICS AND GYNÆCOLOGY.

ROBERT B. DIXON, M.D., SECRETARY.

NOVEMBER 17, 1886, DR. JAMES R. CHADWICK in the chair.

DR. W. E. BOARDMAN read a paper entitled

TWO CASES OF LABOR COMPLICATED WITH FIBROID TUMORS, WITH REMARKS.

DR. DRIVER, in opening the debate, mentioned a case of pregnancy in a woman about thirty-eight years old, complicated with a fibroid, apparently interstitial, filling the posterior *cul-de-sac*, the size of a small child's head, which he had sent to Dr. William L. Richardson, at the Boston Lying-in Hospital, for his opinion, Dr. Driver, seeing no way but to induce